

IMMEDIATE JEOPARDY ABATED
PROVIDER NUMBER 17E294

October 5, 2015

Lamont Cook, Administrator
F. W. Huston Medical Center
408 Delaware Street
Winchester, KS 66097-4003

LICENSURE AND CERTIFICATION SURVEY-NO OPPORTUNITY TO CORRECT-RESULTS OF 1st REVISIT

On September 29, 2015, we completed a revisit as a result of your Abbreviated on July 31, 2015 to verify that your facility had achieved and maintained compliance with Federal requirements for nursing homes participating in Medicare and Medicaid programs. This survey found that your facility was not in substantial compliance with the participation requirements and the conditions in your facility constituted immediate jeopardy to resident health or safety from August 16, 2015 through and including September 24, 2015 for F223, CFR 483.13(c)(1)(i).

Based on the deficiencies cited during your survey and the finding of Immediate Jeopardy:

- We are imposing a per instance Civil Money Penalty (CMP) for CFR 483.13(c)(1)(i) in the amount of \$5000.00 in accordance with CFR 488.430.
- Denial of payment for new Medicare and Medicaid admissions effective **August 24, 2015**. This denial of payment will remain in effect until your facility has achieved substantial compliance or your provider agreement is terminated. You were notified of your right to appeal this action in our letter of **August 4, 2015**.

Termination of your provider agreement effective January 31, 2016 if substantial compliance is not achieved by that time.

NOTE: The above remedies are subject to change if substantial compliance is not achieved following subsequent visits.

Plan of Correction

At the conclusion of the survey, you were provided a CMS-2567L (Statement of Deficiencies) which listed the deficiencies found at this revisit. You should submit your Plan of Correction online at www.kdads.ks.gov. An acceptable Plan of Correction will constitute a credible allegation of compliance. The Plan of Correction must contain the following in order to be acceptable:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not recur;

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; (the facility must develop a plan for ensuring that correction is achieved and maintained); and
5. Include the dates corrective action was completed.

Substandard Quality of Care

Your facility's noncompliance with **F223, CFR 483.13(c)(1)(i)** has been determined to be Substandard Quality of Care as defined at CFR 488.301. Sections 1819(G)(5)(C) and 1919(G)(5)(C) of the Social Security Act and 42 CFR 488.325(H) require that we notify the State Board responsible for licensing the facility's administrator of the substandard quality of care. Your facility's Medical Director and the attending physician of each resident who was found to have received substandard quality of care should be notified.

Please note that Federal law, as specified in the Social Security Act 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs (NATCEP) and nurse aide competency evaluation programs (CEP) offered by or in a facility which, within the previous two years has operated under an 1819(B)(4)(C)(ii)(II) or 1919(b)(4)(C)(ii) waiver, has been subject to the following: an extended or partial extended survey; assessment of a Civil Money Penalty of not less than \$5,000; or, a denial of payment, or termination. If any of these situations occur, **NATCEP** is to be denied, and you will be so advised in a separate notification.

Informal Dispute Resolution (IDR)

In accordance with CFR 488.331, you have one opportunity to question cited deficiencies through an IDR process. You may also contest scope and severity assessments for deficiencies which result in a finding of substandard quality of care or immediate jeopardy. To be given such an opportunity, you are required to send five copies of your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies (or why you are disputing the scope and severity assessments of deficiencies which have been found to constitute substandard quality of care or immediate jeopardy) to:

Audrey Sunderraj, Interim Commissioner
Survey, Certification & Credentialing Commission
Kansas Department for Aging and Disability Services
612 South Kansas Avenue
Topeka, KS 66603

KDADS must receive your written request for IDR within 10 calendar days of your receipt of the statement of deficiencies. An incomplete IDR process will not delay the effective date of any enforcement action.

If you have any questions concerning the instructions contained in this letter, please contact me at (785) 296-1265.

Mary Jane Kennedy, LBSW
Complaint Coordinator
Survey, Certification and Credentialing Commission
Kansas Department for Aging & Disability Services

As Authorized by Darla McCloskey, Branch Manager
Division of Survey and Certification
Centers for Medicare and Medicaid Services

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Susan Fout, KDADS, Regional Manager
Audrey Sunderraj, Interim Commissioner, KDADS
LaNae Workman, KDADS